



LINCOLN POLICE DEPARTMENT  
575 South 10th Street Lincoln, NE 68508  
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

November 12, 2014

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of NHC LLC, DBA South Campus, 101 N 14<sup>th</sup> Street, Suite #1, requesting a class C/K liquor license.

Heath Macomber, the president of NHC LLC, purchased a portion of the space occupied by Will-Mack LLC, DBA Compadres, of which Macomber is also the president. The deleted space from Compadres will be used by the new business, South Campus.

NHC, LLC corporate members are Heath Macomber-President, Robert Fitch-Member, and Colin Daro-Member.

Robert Fitch has requested that he be approved as the manager of the liquor license. Mr. Fitch has completed the required management training.

The following areas of concern were discovered during the background investigation.

**Mr. Fitch did disclose the following convictions:**

SUSPENDED LICENSE, ELIGIBLE  
Disposition: 08-12-2014, Found Guilty, Fined \$10.00

SUSPENDED LICENSE, ELIGIBLE  
Disposition: 01-30-2013, Found Guilty, Fined \$100.00

SUSPENDED LICENSE, ELIGIBLE  
Disposition: 01-04-2011, Found Guilty, Fined \$100.00

SUSPENDED LICENSE, ELIGIBLE  
Disposition: 03-07-2005, Found Guilty, Fined \$100.00

SUSPENDED LICENSE, ELIGIBLE  
Disposition: 02-11-2005, Found Guilty, Fined \$100.00



**FIRE CODE VIOLATIONS**

Disposition: 06-02-2004, Found Guilty, Fined \$250.00

**Mr. Fitch did not disclose the following convictions:**

**NO INSURANCE**

Disposition: 04-22-2014, Found Guilty, Fined \$75.00

**VIOLATE AUTOMATIC TRAFFIC SIGNAL**

Disposition: 01-27-2014, Found Guilty, Fined \$15.00

**IMPROPER REGISTRATION**

Disposition: 08-20-2013, Found Guilty, Fined \$25.00

**VIOLATE SPEED LIMIT 11-15 OVER**

Disposition: 01-30-2013, Found Guilty, Fined \$75.00

**STRADDLING LANE LINE**

Disposition: 01-30-2013, Found Guilty, Fined \$25.00

**VIOLATE SPEED LIMIT 11-15 OVER**

Disposition: 04-07-2009, Found Guilty, Fined \$75.00

**VIOLATE SPEED LIMIT 11-15 OVER**

Disposition: 04-15-2008, Found Guilty, Fined \$75.00

**VIOLATE SPEED LIMIT 6-10 OVER**

Disposition: 11-29-2007, Found Guilty, Fined \$50.00

**IMPROPER REGISTRATION**

Disposition: 11-21-2006, Found Guilty, Fined \$25.00

**SUSPENDED LICENSE**

Disposition: 08-13-2006, Found Guilty, Fined \$75.00

**NO INSURANCE**

Disposition: 08-13-2006, Found Guilty, Fined \$100.00

**NO VALID REGISTRATION**

Disposition: 08-13-2006, Found Guilty, Fined \$35.00

**NO INSURANCE**

Disposition: 03-07-2005, Found Guilty, Fined \$100.00

**IMPROPER REGISTRATION**

Disposition: 03-07-2005, Found Guilty, Fined \$24.00

NO INSURANCE

Disposition: 02-11-2005, Found Guilty, Fined \$50.00

NO VALID REGISTRATION

Disposition: 02-11-2005, Found Guilty, Fined \$100.00

NO INSURANCE

Disposition: 07-01-2004, Found Guilty, Fined \$100.00

VIOLATE SPEED LIMIT (SCHOOL ZONE) 16-20 OVER

Disposition: 07-01-2004, Found Guilty, Fined \$250.00

NO OPERATORS LICENSE

Disposition: 07-01-2004, Found Guilty, Fined \$10.00

NO SEAT BELT

Disposition: 07-01-2004, Found Guilty, Fined \$25.00

VIOLATE SPEED LIMIT 16-20 OVER

Disposition: 03-20-2001, Found Guilty, Fined \$125.00

**Mr. Daro did disclose the following convictions:**

DUI/.08 1ST OFFENSE >.15

Disposition: 04-21-2010, Found Guilty, Fined \$500.00/Probation

RECKLESS DRIVING

Disposition: 03-27-2006, Found Guilty, Fined \$100.00

URINATING IN PUBLIC

Disposition: 03-24-2003, Found Guilty, Fined \$50.00

MAINTAIN DISORDERLY HOUSE

Disposition: 08-07-2002, Found Guilty, Fined \$100.00

**Mr. Daro did not disclose the following conviction:**

VIOLATE SPEED LIMIT 6-10 OVER

Disposition: 04-27-1999, Found Guilty, Fined \$25.00

**Mr. Macomber did disclose the following convictions:**

VIOLATE SPEED LIMIT 11-15 OVER

Disposition: 06-09-2014, Found Guilty, Fined \$75.00

VIOLATE SPEED LIMIT 11-15 OVER

Disposition: 10-12-2011, Found Guilty, Fined \$75.00

VIOLATE SPEED LIMIT 11-15 OVER

Disposition: 08-13-2010, Found Guilty, Fined \$75.00

DRIVING UNDER INFLUENCE, FIRST OFFENSE

Disposition: 02-27-2008, Found Guilty, Fined \$400.00/Probation

**Mr. Macomber did not disclose the following convictions:**

VIOLATE SPEED LIMIT 11-15 OVER

Disposition: 05-25-2001, Found Guilty, Fined \$75.00

UNLAWFUL U-TURN

Disposition: 03-27-2001, Found Guilty, Fined \$15.00

OPERATING UNSAFE VEHICLE

Disposition: 06-2000, Found Guilty

FAIL TO YIELD THE RIGHT OF WAY

Disposition: 05-14-1999, Found Guilty, Fined \$60.00

VIOLATE SPEED LIMIT 6-10 OVER

Disposition: 09-21-1998, Found Guilty, Fined \$50.00

On or about October 23, 2014, Mr. Macomber, Mr. Fitch and Mr. Daro were advised to file an amendment to their liquor license application with the Nebraska Liquor Control Commission to include a full disclosure of their criminal and traffic convictions.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.



JIM PESCHONG, Chief of Police



# APPLICATION FOR LIQUOR LICENSE CHECKLIST - RETAIL

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov

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NEBRASKA LIQUOR CONTROL COMMISSION		
QA	Replacing 86940	
CK	110080	RS

Applicant name NHC, LLC

Trade name South Campus

Previous trade name N/A

Contact email address heathmack@gmail.com


Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

## REQUIRED ATTACHMENTS

Each item must be checked and included with application or marked N/A (not applicable)

☒ 1. Fingerprint cards for each person (two cards per person) must be enclosed with a check payable to the Nebraska State Patrol for processing in the amount of \$38.00 per person. All areas must be completed on cards as per brochure. To prevent the delay in issuing your license, we strongly suggest you go to any Nebraska State Patrol office. See fingerprint brochure

☒ 2. Enclose application fee of \$400, check made payable to the Nebraska Liquor Control Commission.

PAYMENT TYPE <u>CK 999</u>	 1400024368
AMOUNT <u>400.00</u>	
RECEIPT # <u>168163</u>	
Received: <u>RS</u>	

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FORM 100  
REV 12/2013  
PAGE 1

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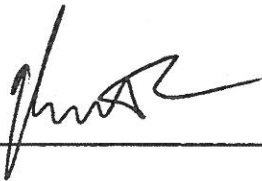
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- ☒ 3) Enclose the appropriate application forms:  
Individual license (requires insert form 1- form number 104)  
Partnership license (requires insert form 2- form number 105)  
Corporate license (requires insert form 3a & 3c- form number 102 and 103)  
Limited liability company (LLC) (requires form 3b & 3c- form number 102 and 103)
- ☒ 4. If building is being leased send a copy of signed lease. Lease must be in the name of the individual, corporation or limited liability company making application. Lease term must run through the license year being applied for (see page 3).
- N/A 5. If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.
- ☒ 6. If buying the business of a current liquor license holder:  
a) ☒ Provide a copy of the purchase agreement from the seller (must read applicants name).  
b) ☒ Provide a copy of alcohol inventory being purchased (must include brand names and container size)  
c) ☒ Enclose a list of the assets being purchased (furniture, fixtures and equipment).
- ☒ 7. If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP)(form 125).
- ☒ 8. Enclose a list of any inventory or property owned by other parties that are on the premise.
- ☒ 9. For citizenship enclose copy of U.S. birth certificate; U.S. passport or naturalization paper  
For residency enclose proof of registered voter in Nebraska  
See guideline for further assistance <http://www.lcc.nebraska.gov/brochures.html>
- ☒ 10. Corporation or Limited Liability Company must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode stamp.
- ☒ 11. Submit a copy of your business plan.

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

Signature



Date

10/8/14

**APPLICATION FOR CATERING (K)  
TO LIQUOR LICENSE**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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**Include application fee of \$100**

(Check payable to Liquor Control Commission or pay online through PayPort found on our homepage)

LIQUOR LICENSE # NEW LICENSE CLASS TYPE

LICENSEE NAME NHL, LLC DBA SOUTH CAMPUS

TRADE NAME SOUTH CAMPUS

PREMISE ADDRESS 101 N 14th Street #1  
101 N 14th Street #6 1320 "O" Street

CITY LINCOLN, NE 68508

CONTACT PERSON HEATH MAHOMBER

PHONE NUMBER OF CONTACT PERSON 402-730-5157

EMAIL ADDRESS OF CONTACT PERSON HEATHMACK@GMAIL.COM


- Copy of this application will be forwarded to your local governing body for recommendation per Neb. Rev. Stat. §53-134(7), after receipt of recommendation there is a 10 day holding period for any citizen protests
- Processing may take approx. 45-60 days from receipt of application by the Nebraska Liquor Control Commission
- The holder of a catering license may deliver, sell, or dispense alcoholic liquor, including beer, for consumption at premises designed in a special designed license (SDL) issued pursuant to section §53-124.11
- SDL must be applied for and received 10 working days prior to the day of each event
- A holder of a catering license shall not cater an event unless such licensee receives a SDL
- SDL application form 108 may be found at this link:  
<http://www.lcc.nebraska.gov/LicensingForms/108%20SDL%206-2013a.pdf>
- Only twelve (12) SDLs will be issued at any specific location that could otherwise hold a liquor license Rules and Regulations Chapter 2-013.06
- Renewal fee is \$100 payable at time of underlying liquor license

PAYMENT TYPE <u>CK 998</u>	Office Use Only
AMOUNT: <u>\$100</u>	
RECEIVED: <u>mm</u>	
RECEIPT# <u></u>	

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NEBRASKA LIQUOR  
CONTROL COMMISSION

  
\_\_\_\_\_  
Signature of Licensee

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

10/10/14

Date

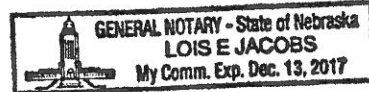
by

Heath Macomber

name of person acknowledged signing document

  
\_\_\_\_\_  
Notary Public Signature

Affix Seal



**APPLICATION FOR TEMPORARY  
OPERATING PERMIT (TOP)**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814

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	NEBRASKA LIQUOR CONTROL COMMISSION

- ☒ Application for a temporary operation permit (TOP) must be included with the application for liquor license. TOP will not be considered without the completed application for a liquor license.
- ☒ Enclose documentation showing sale of business; document may be in the form of a purchase agreement/contract, management agreement or promissory note. Sale of business document must include the following: name of business being sold, purchase date or closing date within 2-3 weeks of requesting TOP and must be signed by the seller and buyer.
- ☒ TOP's are valid for 90 days from date of issuance and cannot be extended past the expiration date (no exceptions).
- ☒ Seller's liquor license will terminate upon issuance of the TOP.
- ☒ If the seller's liquor license is up for renewal during the TOP it will not be necessary for the seller to renew.

NAME OF CURRENT LICENSEE (SELLER):

Will- Mack, LLC

SELLER'S LICENSE #:

CK 086940

On (date) 10/01/2014 seller and buyer entered into a contract for sale of the

business known as (TRADE NAME):

Compadres Party Room

Buyer seeks to obtain a temporary operating permit (TOP) to allow buyer to operate the business under the same terms and conditions of the current licensee; subject to approval by the Nebraska Liquor Control Commission (NLCC) for a period not to exceed 90 days (no exceptions).

Seller hereby declares that they are current on all accounts with all Nebraska licensed wholesalers under section §53-123.02. Any seller who provides false information regarding such accounts is guilty of a Class IV misdemeanor for each offense.



[Signature]  
Signature of **SELLER**

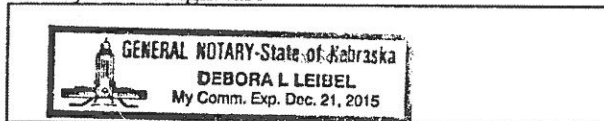
HEATH MACOMBER  
Print Name

State of Nebraska, County of Lancaster

The foregoing instrument was acknowledged before me  
this Oct 7, 2014 (date)

by Heath Macomber  
Name(s) of Person(s) Acknowledged [individual(s) signing document]

Debora L Leibel  
Notary Public signature



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Signature of **BUYER** NEBRASKA LIQUOR  
CONTROL COMMISSION

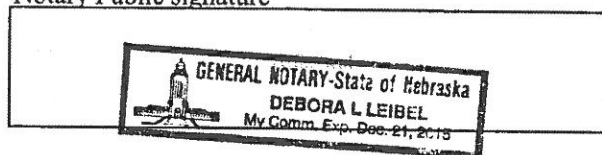
HEATH MACOMBER  
Print Name

State of Nebraska, County of Lancaster

The foregoing instrument was acknowledged before me  
this Oct 7, 2014 (date)

by Heath Macomber  
Name(s) of Person(s) Acknowledged [individual(s) signing document]

Debora L Leibel  
Notary Public signature



ADMINISTRATIVE REVIEW - Office use only	
Date: <u>10/16/14</u>	Rep: <u>RS</u> - Lic. Class: <u>CK</u> - Lic. # <u>110080</u>
<input checked="" type="checkbox"/> Approved <u>10/17/14</u>	<input checked="" type="checkbox"/> Denied <u>mm</u>
Reason for Denial: <u>No purchase agreement of business</u>	

Corrected Purchase Agreement received w/11/6/14  
OK to issue TOP  
May

**APPLICATION FOR LIQUOR LICENSE  
RETAIL**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov/

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**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES  
CHECK DESIRED CLASS**

**RETAIL LICENSE(S)**

**Submit \$400 Non Refundable Application Fee**

- ☐ A BEER, ON SALE ONLY
- ☐ B BEER, OFF SALE ONLY
- ☒ C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE
- ☐ D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
- ☐ I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
- ☐ AB BEER, ON AND OFF SALE
- ☐ AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
- ☐ IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY
- ☐ ID BEER, WINE, DISTILLED SPIRITS ON AND OFF SALE

- ☒ Class K Catering license (requires catering application form 106) \$100.00

**Additional fees will be assessed at city/village or county level when license is issued**

**LICENSE YEAR**

Class C license term runs from November 1 – October 31

All other licenses run from May 1 – April 30

Catering license (K) expires same as underlying retail license

**CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING  
(CHECK ONLY ONE)**

- ☐ Individual License (requires insert form 1- form number 104)
- ☐ Partnership License (requires insert form 2- form number 105)
- ☐ Corporate License (requires insert form 3a & 3c- form number 101 and 103)
- ☒ Limited Liability Company (LLC) (requires form 3b & 3c- form number 102 and 103)

**NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)  
Commission will call this person with any questions we may have on this application**

Name \_\_\_\_\_ Phone number: \_\_\_\_\_

Firm Name \_\_\_\_\_



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**PREMISE INFORMATION**

Trade Name (doing business as) South Campus

Street Address #1 101 N 14th St ~~1320 11th Street~~ **NEBRASKA LIQUOR COMMISSION**

Street Address #2 #6 #1

City Lincoln County Lancaster Zip Code 68508

Premise Telephone number 402-730-5157

Business e-mail address heathmack@gmail.com

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mailing address (where you want to receive mail from the Commission)

Name NHC, LLC dba South Campus

Street Address #1 122 N 11th Street

Street Address #2 Suite 402

City Lincoln State Nebraska Zip Code 68508

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

**READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. **No blue prints please.** Be sure to indicate the direction north and **number of floors** of the building.

**\*\*For on premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Building: length 400 50' x width 70' in feet

Is there a basement to be licensed? Yes ☐ No ☒ If yes, length  x width  in feet

Is there an outdoor area? Yes ☒ No ☐ If yes, length 20 x width 30 in feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

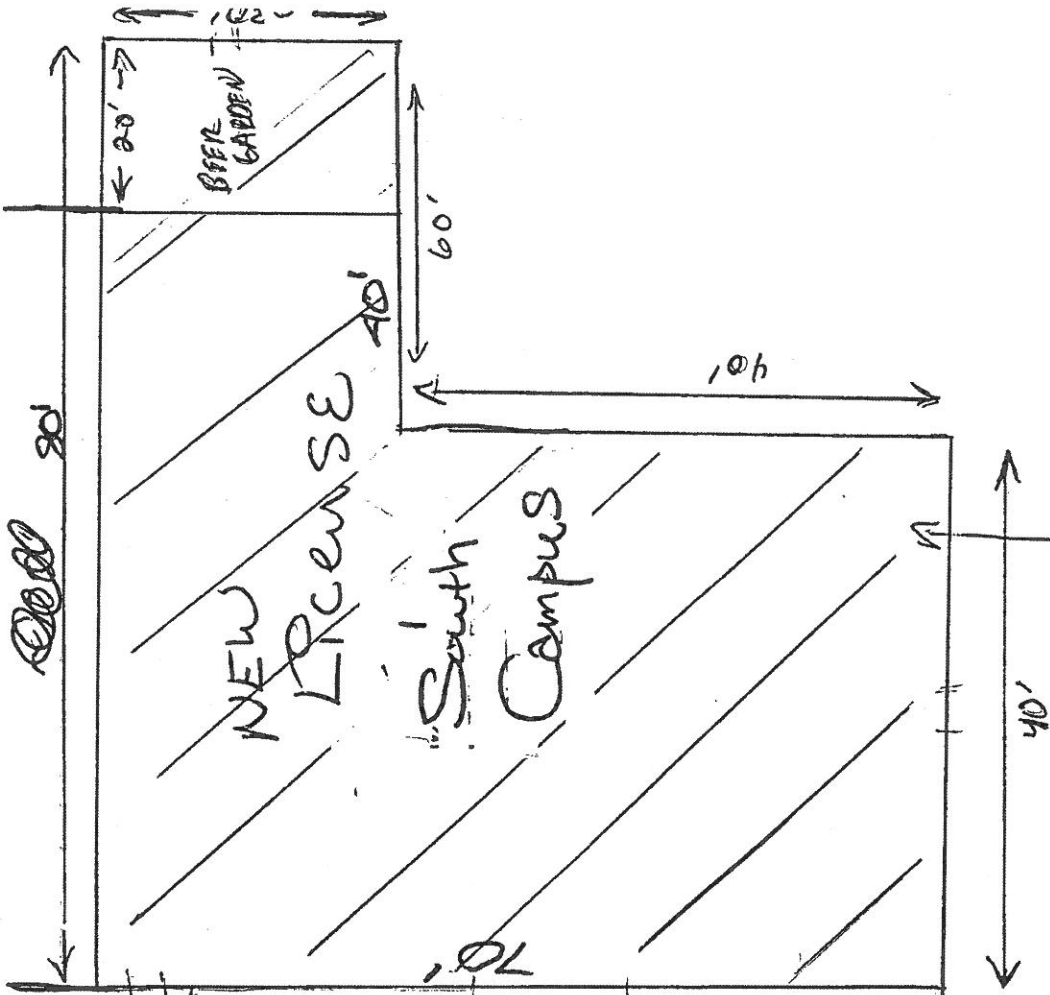


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STAYS  
WILL-MACK



NEW: NHC, LLC  
DBA  
South Campus

D STREET

**APPLICANT INFORMATION****1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)**

Has anyone who is a party to this application, or their spouse, **EVER** been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. Include traffic violations. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. The commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

☒ YES ☐ NO

If yes, please explain below or attach a separate page

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**NEBRASKA LIQUOR****CONTROL COMMISSION**

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Heath Macomber	6/9/2014	Papillion, NE	Speeding 11-15 MPH	Guilty, paid fine
Heath Macomber	10/12/2011	Lincoln, NE	Speeding 11-15 MPH	Guilty, paid fine
Heath Macomber	08/13/2010	Lincoln, NE	Speeding 11-15 MPH	Guilty, paid fine
Heath Macomber	02/2008	Lincoln, NE	DUI, 1st Offense	Guilty, 6 Months Probation
See additional page				

**2. Are you buying the business of a current retail liquor license?**

☒ YES ☐ NO

If yes, give name of business and liquor license number

Compadres 86940 (partial sale)

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

**3. Was this premise licensed as liquor licensed business within the last two (2) years?**

☒ YES ☐ NO

If yes, give name and license number

Will-Mack, LLC 86940

**4. Are you filing a temporary operating permit to operate during the application process?**

☒ YES ☐ NO

If yes:

a) Attach temporary operating permit (TOP) (form 125)

b) TOP will only be accepted at a location that currently holds a valid liquor license.

Name of Applicant	Date of Conviction	Where Convicted	Description of Charge	Disposition
Colin Daro	8/7/2002	Lincoln, NE	Maintain Disorderly House	Guilty Paid Fine
	3/4/2003	Lincoln, NE	Urinating in Public	Guilty Paid Fine
	3/27/2006	Lincoln, NE	Reckless Driving 1st	Guilty Paid Fine
	4/21/2010	Lincoln, NE	DUI, 1st Offense .08 1st Offense	Guilty, Paid Fine, 12 mos Probation
	7/1/2011	Wahpeton, IA	Possession of Drug Paraphernalia	Guilty, Paid Fine
Robert N. Fitch	6/2/2004	Lincoln, NE	Fire Code Violations	Guilty Paid Fine
	2/11/2005	Lincoln, NE	Suspended License	Guilty Paid Fine
	3/7/2005	Lincoln, NE	Suspended License	Guilty Paid Fine
	1/4/2011	Lincoln, NE	Suspended License	Guilty Paid Fine
	1/30/2013	Lincoln, NE	Suspended License	Guilty Paid Fine
	8/12/2014	Lincoln, NE	Suspended License	Guilty Paid Fine

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5. Are you borrowing any money from any source, including family or friends, to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender(s) \_\_\_\_\_

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6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

☐ YES ☒ NO

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NEBRASKA LIQUOR

If yes, explain. (All involved persons must be disclosed on application) CONTROL COMMISSION

---

**No silent partners**

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☒ YES ☐ NO

If yes, list such item(s) and the owner. See attached labeled #7

8. Is premise to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. §53-177)(1)

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9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

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10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

Cornhusker Bank; Heath Macomber, Colin Daro, Robert Fitch

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11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

See Attached Labeled #11

Attachement 11

Name of License Holder	License #	Location	Description
<u>Heath Macomber</u>			
Compadres	86940	101 N 1th St, Lincoln, NE	Current
Single Barrel	96079	130 N 10th Street, Lincoln, NE	Current
<u>Robert N. Fitch</u>			
Chatterbox		815 O Street, Lincoln, NE	Business Closed
<u>Colin Daro</u>			
The Bar	86867	1644 P Street, Lincoln, NE	Current

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12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse) as listed on form 3c
- d) Limited Liability Company, manager only (no spouse) as listed on form 3c

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NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Heath Macomber	10/2014	Responsible Hospitality Council -Management Training
Colin Daro	10/2014	Responsible Hospitality Council-Management Training
Robert Fitch	10/14	Responsible Hospitality Council-Management Training

For list of NLCC certified training programs see: [www.lcc.ne.gov/traininginfo.html](http://www.lcc.ne.gov/traininginfo.html)

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business
Heath Macomber - Managing Member	08/2011	Single Barrel, 130 N 10th St, Lincoln, NE
Heath Macomber-Member	11/2010	Hour Lounge/Compadres, 101 N 14th St, #6, Lincoln NE
See attached List		

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. **Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.**

- ☒ Lease: expiration date 10/31/2017
- ☐ Deed
- ☐ Purchase Agreement

14. When do you intend to open for business? 10/17/2014 (or as soon as TOP issued)

15. What will be the main nature of business? Bar/Tavern

16. What are the anticipated hours of operation? Monday-Thurs, Sat. 7pm-2am; Fri. 4pm-2am

17. List the principal residence(s) for the past 10 years for all persons required to sign on page 8, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Heath Macomber: Lincoln, NE	2004	2005			
Heath Macomber; Las Vegas, NV	2005	2006			
Heath Macomber; Lincoln, NE	2006	Present			
Robert Fitch; Lincoln NE	1997	Present			
See Attached List					

If necessary attach a separate sheet.

Residence List

Name/Location	Year From/To	Spouse City/State	Year From/To
Colin Daro; Lincoln, NE	1999-2008	Megan Stabbe; Lincoln NE	2001-2007
Colin Daro; St Louis Park, MN	2008-2009	Megan Stabbe; Omaha, NE	2007-2010
Colin Daro; Chanhassen MN	2009-2010	Megan Stabbe; Grena, NE	2010-Present
Colin Daro; Omaha, NE	2010-2010		
Colin Daro; Gretna, NE	2010-Present		

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NEBRASKA LIQUOR  
CONTROL COMMISSION

**APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Kelly Hoffschneider

Name of Limited Liability Company that will hold license as listed on the Articles of Organization  
NHC, LLC

LLC Address: 122 N 11th Street Suite 402

City: Lincoln State: NE Zip Code: 68508

LLC Phone Number: 402-730-5157 LLC Fax Number: N/A

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Macomber First Name: Heath MI: A

Home Address: 122 N 11th Street Suite 402 City: Lincoln

State: NE Zip Code: 68508 Home Phone Number: 402-730-5157



Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of Nebraska

County of Lancaster

10/10/14

Date

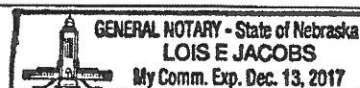
Lois E Jacobs

The foregoing instrument was acknowledged before me this

by Heath Macomber

name of person acknowledged

Affix Seal





List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Macomber First Name: Heath MI: A

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 33 1/3

Last Name: Fitch First Name: Robert MI: N

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 33 1/3

Last Name: Daro First Name: Colin MI: F

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Megan Patricia Stabbe

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 33 1/3

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Is the applying Limited Liability Company controlled by another corporation/company?

☐ YES

☒ NO

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If yes, provide the following:

- 1) Name of corporation \_\_\_\_\_
- 2) Supply an organizational chart of the controlling corporation named above \_\_\_\_\_
- 3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

NEBRASKA LIQUOR

CONTROL COMMISSION

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: January Ending Date: December

Is this a Non Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #. \_\_\_\_\_

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

**MUST BE:**

- ✓ **Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport**
- ✓ **Nebraska resident. Include copy of voter registration in the State of Nebraska**
- ✓ **Fingerprinted. Two cards per person, fees of \$38 per person, made payable to Nebraska State Patrol. If printed at NSP mail check only.**
- ✓ **21 years of age or older**

**Corporation/LLC information**

Name of Corporation/LLC: **NHC, LLC**

**Premise information**

Liquor License Number: \_\_\_\_\_ Class Type \_\_\_\_\_  
(if new application leave blank)

Premise Trade Name/DBA: **South Campus**

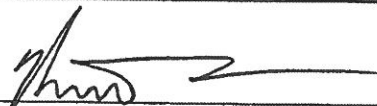
Premise Street Address: **101 N 14th St #6**

City: **Lincoln** County: **Lancaster** Zip Code: **68508**

Premise Phone Number: **402-730-5157**

Email address: **heathmack@gmail.com**

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.  
[http://www.lcc.ne.gov/license\\_search/licsearch.cgi](http://www.lcc.ne.gov/license_search/licsearch.cgi)

  
**SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER**  
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Fitch First Name: Robert MI: N

Home Address (include PO Box if applicable): 1812 Sawyer Street

City: Lincoln County: Lancaster Zip Code: 68505 68505

Home Phone Number: 402-840-4537 Business Phone Number: 402-840-4537

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Portland, OR

Email address: rnfitch@gmail.com

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

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Spouse's information

NEBRASKA LIQUOR

Spouses Last Name: \_\_\_\_\_ First Name: CONTROL COMMISSION MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	1997	Present			

# MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2003	Present	Self Employed DJ	Robert Fitch	402-840-4537
2002	2002	University of Nebraska	Pat McBride	402-472-841

## 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

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☐ YES ☐ NO

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If yes, please explain below or attach a separate page.

NEBRASKA LIQUOR

CONTROL COMMISSION

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
Robert N. Fitch	06/2004	Lincoln, NE	Fire Code Violation	Guilty, Paid Fine
	02/2005	Lincoln, NE	Suspended License	Guilty, Paid Fine
	03/2005	Lincoln, NE	Suspended License	Guilty, Paid Fine
	01/2011	Lincoln, NE	Suspended License	Guilty, Paid Fine
	01/2013	Lincoln, NE	Suspended License	Guilty, Paid Fine
	08/2014	Lincoln, NE	Suspended License	Guilty, Paid Fine

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?

☒ YES ☐ NO

IF YES, list the name of the premise(s):

CHATTERBOX, 815 O STREET

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?

☒ YES ☐ NO

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4. List the alcohol related training and/or experience (when and where) of the person making application.

\*NLCC Training Certificate Issued: \_\_\_\_\_ Name on Certificate: NEBRASKA LIQUOR  
CONTROL COMMISSION

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Robert N. Fitch	10/2014	Responsible Hospitality Council
		Scheduled to take class 10/9/2014

\*For list of NLCC Certified Training Programs see [www.lcc.ne.gov/traininginfo.html](http://www.lcc.ne.gov/traininginfo.html)

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Robert Fitch-Owner/Manager	08/2003	Chatterbox, 815 O Street, Lincoln, NE
Self Employed DJ	2003-Present	Self Employed
Quick Pro DJ Service	2011-Present	Self Employed

5. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application?  
(Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)

☒ YES

☐ NO